

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Carroll Co. Mo.  
 (a) County Carroll Co. Mo.  
 (b) City or town Bogard Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mo  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 48 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Newton Wiley  
 3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Deborah (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 20 1852  
 (Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Daniel Wiley

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Sara Wright

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Wiley

(b) Address Bogard Mo.

17. (a) Burial (b) Date thereof 1-13-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith

18. (a) Signature of funeral director E. A. Duncan

(b) Address Bogard Mo.

19. (a) 1-12-42 (b) Mrs. James R. Rafferty  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Carroll  
 (c) City or town Bogard (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1942 9 hour 30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 11 1942 to Jan 11 1942

that I last saw him alive on Jan 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration 4 days

Due to Chronic Nephritis year \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1. 3/15

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) \_\_\_\_\_ While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. W. Alcorn (Physician or other)  
 Address Bogard Mo. Date signed 1/12/42

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Dist. No. 2-17-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. A. Dickerson

Licensed Embalmer No. 2534

P. O. Address Bogard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.